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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2007</h3>		<p><b>Complete if Known</b></p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/554,465-Conf. #3425
		Filing Date	May 12, 2000
		First Named Inventor	Peter KUFER
		Examiner Name	C. J. Cheu
		Art Unit	1641
TOTAL AMOUNT OF PAYMENT		(\$)	180.00
		Attorney Docket No.	0147-0199P

**METHOD OF PAYMENT** (check all that apply)

☐ Check   
 ☐ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account   
 Deposit Account Number: 02-2448   
 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, **except for the filing fee**  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   
 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims    Extra Claims    Fee (\$)    Fee Paid (\$)    Multiple Dependent Claims  
 \_\_\_\_\_ - 51 = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims    Extra Claims    Fee (\$)    Fee Paid (\$)  
 \_\_\_\_\_ - 3 = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of independent claims paid for, if greater than 3.

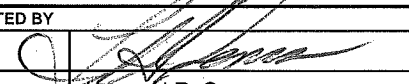
**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 _____ (round up to a whole number) x _____ = _____		

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement	180.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	30,330
Name (Print/Type)	Leonard R. Svensson	Telephone	(858) 792-8855
		Date	September 13, 2007